

Application Data Sheet

Application Information

Filing Date::	11/18/2003
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Title::	APPARATUS FOR MIXING AND DISPENSING A MULTI-COMPONENT BONE CEMENT
Attorney Docket Number::	2024730-7033212001 03-168 (US01)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figures::	6
Total Drawing Sheets::	8
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

Given Name::	Joseph C.
Family Name::	Eder
City of Residence::	Los Altos Hills
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	23423 Toyonta Road
City of mailing address::	Los Altos Hills
Country of mailing address::	US
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94024
Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Scott
Family Name::	McGill
City of Residence::	San Ramon
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	730 Birdwood Court
City of mailing address::	San Ramon
Country of mailing address::	US
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	94583

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mukund R.
Family Name:: Patel
City of Residence:: San Jose
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 1532 Chaumont Drive
City of mailing address:: San Jose
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 95118

Correspondence Information

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Representative Information

Representative Customer Number:: 23639

Representative Designation::	Registration Number::	Name::
Primary	37,104	David T. Burse

Assignee Information

Name:: Scimed Life Systems, Inc.

Mailing address:: One Scimed Place, Maple Grove, MN 55311